

JC35
10/18/02Please type a plus sign (+) inside this box → PTO/SB/05 (11-00)
Approved for use through 10/31/2002 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. TI-31700

First Inventor Rajko Milovanovic

Title Method of E-Mail

Express Mail Label No. EL547743720US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- | | | | |
|----|--|------------------|---|
| 1. | <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i> | 7. | <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. | <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27 | 8. | Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> |
| 3. | <input checked="" type="checkbox"/> Specification
<i>(preferred arrangement set forth below)</i> | [Total Pages] | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| | - Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings <i>(if filed)</i>
- Detailed Description
- Claim(s)
- Abstract of the Disclosure | [9] | b. <input type="checkbox"/> Specification Sequence Listing on:

i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or

ii. <input type="checkbox"/> paper |
| 4. | <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) | [Total Sheets] | c. <input type="checkbox"/> Statements verifying identity of above copies |
| 5. | Oath or Declaration | [Total Pages] | |
| a. | <input checked="" type="checkbox"/> Newly Executed (original or copy) | 9. | <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s)) |
| b. | <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i> | 10. | <input type="checkbox"/> 37 CFR 3.73(b) Statement
<i>(when there is an assignee)</i> |
| i. | <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 11. | <input checked="" type="checkbox"/> Power of Attorney |
| 6. | <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 12. | <input type="checkbox"/> English Translation Document <i>(if applicable)</i> |
| | | 13. | <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 |
| | | 14. | <input checked="" type="checkbox"/> Preliminary Amendment |
| | | 15. | <input type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> |
| | | 16. | <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> |
| | | 17. | <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____.

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Labelor Correspondence address below

NAME	Texas Instruments Incorporated		
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(202) 639-7710	FAX (202) 639-7890

Name (Print/Type)	Robert L. Troike	Registration No. (Attorney/Agent)	Reg. No. 24,183
Signature			
	Date 1/18/02		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
Express Mailing Label No.: EL547743720US

TOTAL AMOUNT OF PAYMENT

(\$ 740.00)

Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Rajko Milovanovic
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-31700

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:
 Check Money Order Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	395	Utility filing fee	\$740
106	310	206	165	Design filing fee	\$
107	480	207	270	Plant filing fee	\$
108	760	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$740)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	8	-20**= 0	x 18 = 0	= 0
Independent Claims	1	-3** = 0	x 84 = 0	= 0
Multiple Dependent			260 =	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	11	Claims in excess of 20
102	80	202	41	Independent Claims in excess of 3
104	260	204	135	Multiple dependent claims in excess of 3
109	78	209	41	**Reissue independent claims over original patent
110	18	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 0)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

0

Complete (if applicable)

SUBMITTED BY	Robert L. Troike	Reg. Number	24,183
Typed or Printed Name			
Signature	<i>Robert L. Troike</i>	Date 1/18/02	Deposit Account User ID